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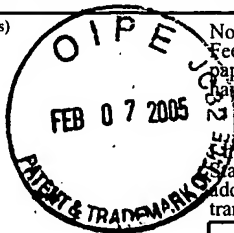
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11/08/2004

ADAMS & WILKS
31st Floor
50 Broadway
New York, NY 10004

02/08/2005 SSITHIB2 00000005 10644696

01 FC:1501 1400.00 OP
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DEBRA BUONINCONTRI

(Depositor's name)

Debra Buonincontri

(Signature)

FEBRUARY 24, 2005

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/644,696	08/20/2003	Tatsuya Adachi	S004-5096	6705

TITLE OF INVENTION: APPARATUS FOR PROCESSING AND OBSERVING A SAMPLE

02/08/2005 SSITHIB2 00000079 010268 10644696

01 FC:8001 6.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370 \$1400	\$300	\$1670 \$1700	02/08/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
WELLS, NIKITA	2881	250-492300

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

1 Adams & Wilks

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

SII NanoTechnology Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Chiba-shi, Chiba, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies TWO (2)

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed TO CHARGE ONLY A DEFICIENCY☐ Payment by credit card. Form PTO-2038 is attached. IN ENCLOSED FEE☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment Deposit Account Number 01-0268 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Bruce L. Adams*Date FEBRUARY 24, 2005

Typed or printed name

BRUCE L. ADAMSRegistration No. 25,386

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